

THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL AUTHORIZATION FORM (Form TAF)
Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

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1. Date of Request: March 1, 2011	2. Travel Request #:	3. Department/	Division: DPH		4. DEPT/ORGN 0294		ropriation No.: -9749-
6. Name of Traveler(s	s):	7. Title(s	s):	8	B. Dates of Travel	: 8.a De	estination
Micha	el Lawler	Ch	emist III (Unit	: 9)	June 5,2011	1 Sterlin	g. VA
	P		(,	- June 12,1	1/	3,
9. Travel Itinerary and	d Justification (If travel i	s privately subsid	tizad statement	of nurnose mi			the
Commonwealth an		s privately subsit	aizeu, statement	or purpose me	ist include anticipa	teu penent to	uie
Mr Lawler will be traveling analysis of controlled sub	g to Sterling, VA, June 5 the estances conducted by the 's skill as a forensic scien	Special Testing L	aboratory of the E	Orug Enforceme	nt Agency (DEA). Th	ne purpose of t	his seminar is
chemistry related to the a	nalysis of controlled subs	ances. Mr Lawler	will stay in Virgini	a for additional	2 days at his own ex	pense.	,
Supporting document	. •	•	•	1	<i>.</i>	2	
Signature of Bureau Dir Director: /		•	,	1 HAG		Defa: <	-//-//
Director.	indotla.			<u> </u>		Date.	11 //
	inda Han	1					
					T1 1.000.000.000.000.000.000.000.000.000.0		_,; -
10. Estimated Expense	es:		Private Funds	State/Federal Funds	Personal Funds	Other Funds	
Transportation: (check all				376.29			
	ail 🗌 Bus			A	0		
⊠ Taxi Car: ☐ State	☐ Personal	☐ Rental	-	18.62			1
Lodging:		LI NORGI					1
Loughig.				885.50			
				00000			
Meals: 5 Dans	0 17.50						
Meals: 5 Days	(w 2 C)			96.00			
	> 6 9 .2 O						
Other: (please list):	ration Fac						
Parking/Registr	alion ree						
Sub Total(s)				44004			
, ,				1426.41			
	Gra	and Total		-			416.4.16
					•		1426.41
11. Include names of al	I other travelers (includi	ng family, friends	or coworkers) a	and how they v	vill pay. In addition	, if the travel	consists of a
non-business comp Peter Piro and Rebecca	onent, piease describe:	Mr Lawl	=r will s-1	ay in Virg	livia for order	Abral 2	daysod
reter Piro and Redecca	rontes 47 no co	ist to the	COMMONWO	alth and	CAN his own	time	1
12. Privately Subsidized	d Travel Information:					Not Applic	able 🗌
Name of Contact Person	:			Describe all ac	tivities offered and	intent to part	cipate:
Company:						200	
Address:		3.0					100
Business Activity:	100						123
Telephone Number:			J	Relationship B	etween Private Par	ty and the Co	mmonwealth:
				- 1			
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
13. Certifications and A	authorizations						
I hereby certify under the		perium that to 1	ne heet of my kn	owledge the s	hove information is	true and ac-	rect
Signature of Traveler:	o panio ana penantes Ol	rojjuly that, to th	io beat of filly Kill	owieuge, lile a	POAC HUMINISHOUR	s true and cor Date:	rect.
Michael Lawler	MIMON	Tila			•	3/11/	(11
	alant funds are are 117	<u> </u>	a pulle o d fure o d		- Charles of the		V 1
I hereby certify that suffi	/ /	e for the above de		ccommodation	ns. ∐ Delegation fr		granted.
Signature of Department	Head or Designee:	AA	Title:	(X)	> ///	Date:	
/		101				TIL	
Approved	☐ Disapprov	ed \	☐ Approv	ed With Modific	cations `∐'Con	nments Attache	ed
Signature of Cabinet Sec	retary:			200	1.0	Date:	

THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL AUTHORIZATION FORM (Form TAF)
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1. Date of Request: 3/1/11	2. Travel Request #:	3. Department/I	Division: DPH		4. DEPT/ORGI 0294		opriation No.: 00-9749
6. Name of Traveler(s Rebecc): ca Pontes	7. Title(s) Chi): emist II (unit	9)	Dates of Trave June 5 201 - June 10, 2011		stination 3. VA
Travel Itinerary and Commonwealth and	l Justification (if travel is d Employee:	privately subsid	ized, statement (of purpose mus	it include anticip	ated benefit to t	he
seminar is the enhance	ing to Sterling, VA June 5, lled substances conducted to Mrs. Pontes' skill as a fi y related to the analysis of	I by the special tes prensic scientist. T	iting Laboratory of the 5 day training	the Drug enforce	cement Adgoncy (DEA). The purpo	se of this
Signature of Bureau Dir	ation, i.e. agendas or broo octor/Assistant Commis AA HAN		4	vda	Wan	Date:3	-/1- //
10. Estimated Expense	18:	-	Private Funds	State/Federal Funds	Personal Funds	Other Funds	n 44
Transportation: (check all ☑ Air ☐ R ☑ Taxi Car: ☐ State	ail 📋 Bus	☐ Rental		\$333.40 \$90 	1		
Lodging:				\$885.50			
Meals 5 de	me @ 8.50		· 研究。	\$96.00	1		
Other. (ρίαασο list): Registrat							
Sub Total(s)		in ,		\$1422.18		-	
	Ğr	and Total		4			\$1422.18
11. Include names of a non-business com Elleen Lafleur - family, A privately and separately	ponent, please describe: Albert Laffeur «family: Ér	nily Pontes - fam	ily. All family me	nbers traveling	第一日,第二日		į
12. Privately Subsidize						Not Applic	
Name of Contact Persor Company:	15 <u>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>			escribe all act	ivities offered ar	d intent to part	Icipate:
Address:			o carpaga d				
Business Activity:			19 619 64基 基礎 1 7 68 6 7 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8	PARTITION OF	Republican Transfer		
Telephone Number:	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			GIATIONANID BA	tween Private P	ary and the Co	mmonwealth:
13. Certifications and a							
I hereby certify under the Signature of Traveler: Rebecca Pontes	e pains and penalties of	perjury that, to t	ne best of my kn	owieage, the al	oove intormation	is true and cor Date: 3/12	ļ
I hereby certify that suff		o for the above d		ccommodation	s. 🗌 Delegation	from Secretary	
Signature of Departmen	t Head of Designee:	1/10	Title:	CDC	11/1/1	/ Date:	1
Signature of Departmen	t Head or Designee:	<u>ly</u>		ODS ved With Modific	4/4/1	Date:	·

Form IAF - revised 08/96



THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF) Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request:	2. Travel Request #:	3. Departmen	t/Division:		4. DEPT/ORGN:	5. Appropriation
March 1, 2011			DPH		0294	8100-9749-1
6. Name of Traveler(s	i);	7. Title	(s):	8.	Dates of Travel:	8.a Destination
Pet	er Piro	Lab	Supervisor (Ur	it 9)	June 5,	Şterling, VA
		ļ	,		2011-June	
					10	
9. Travel Itinerary and Commonwealth an	d Justification (If travel d Employee:	is privately subs	idized, statement o	f purpose mus		d benefit to the
Mr Piro will be traveling to analysis of controlled sub is to enhace Mr Piro's ski	stances conducted by the	ne Special Testing	Laboratory of the Dr	ug Enforcement	Agency (DEA). The	purpose of this seminar
related to the analysis of		The o day daming	Will indiado kilowida	go about analyz	and one controlle	a substances, one mou
Supporting document	· =		d.	. 1		. 1 1
Signature of Bureau Dir	ector/Assistant Comm	issioner/Hospital	/	d la	^	- 7/11/11
Director:	indaHar			XXXaV		_ Date: JIII
	magar	1				·
10. Estimated Expense	es:		Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all	that apply)			400.10	V_	
⊠ Air □ R	ail 🖾 Bus			50.00	V	
⊠ Taxi Car: ☐ State	☐ Personal	Rental		\$22		
_odging:		☐ I/entai	+	_ ^7.76_	 	
				885.50		
Meals: 5 An	y 0 17.50			- C	-/ -/ -	
1 0	(C)			9600	V	
Others (please list)	1000 (8.50		-			
Other: (please list): Parking/Registr	ation Fee			\$66.00		
r unting/region	ation rec			φου.σσ	<i>v</i>	
Sub Total(s)				1527.36		
	G	rand Total				1527
						f the travel consists o
non-business comp	l other travelers (includ onent, please describe ecca Pontes		ar a salar	1 1	. 1 10	
non-business comp lichael Lawler and Reb	onent, please describe ecca Pontes	Mich.	el LAWIA	, Nebe	eca Pintes	
non-business comp lichael Lawler and Reb 2. Privately Subsidized	onent, please describe ecca Pontes d Travel Information:	Micha	<u> </u>			Not Applicable font to participate:
non-business complichael Lawler and Rebuster 2. Privately Subsidized ame of Contact Person ompany:	onent, please describe ecca Pontes d Travel Information:	Micha	<u> </u>		eeA (), nte	
non-business comp flichael Lawler and Rebu 2. Privately Subsidized lame of Contact Person company:	onent, please describe ecca Pontes d Travel Information:	Micha	<u> </u>			
non-business complichael Lawler and Rebusiness 2. Privately Subsidized ame of Contact Person company: ddress: usiness Activity:	onent, please describe ecca Pontes d Travel Information:	Micha	D	escribe all acti	vities offered and in	tent to participate:
non-business complichael Lawler and Rebusiness 2. Privately Subsidized ame of Contact Person company: ddress: usiness Activity:	onent, please describe ecca Pontes d Travel Information:	Mich	D	escribe all acti	vities offered and in	
non-business complichael Lawler and Rebuilchael Lawler and Rebuilchael Lawler and Rebuilchael Contact Person company: ddress: usiness Activity: elephone Number:	d Travel Information:	Mich	D	escribe all acti	vities offered and in	tent to participate:
non-business complichael Lawler and Rebuildhael Lawler and Rebuildhael Lawler and Rebuildhael Contact Person company: ddress: usiness Activity: elephone Number:	d Travel Information:	Micha	P. R.	escribe all active	vities offered and in ween Private Party	tent to participate: and the Commonweal
non-business complichael Lawler and Rebusiness 2. Privately Subsidized lame of Contact Person company:	d Travel Information:	Micha	P. R.	escribe all active	vities offered and in ween Private Party	tent to participate: and the Commonweal
non-business complichael Lawler and Rebusinese Lawler and Rebusinese Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Albereby certify under the	d Travel Information:	Micha	P. R.	escribe all active	vities offered and in ween Private Party	and the Commonweal
non-business complichael Lawler and Rebusinese Lawler and Rebusinese Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and Albereby certify under the ignature of Traveler:	authorizations	of perjury that, to	Root the best of my known	escribe all active all	vities offered and in ween Private Party ove information is to	and the Commonweal rue and correct. Date:
non-business complichael Lawler and Rebi 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and A hereby certify under the ignature of Traveler: etter Piro	authorizations e pains and penalties of cient funds are available.	of perjury that, to	Root the best of my known	escribe all active all	vities offered and in ween Private Party ove information is to	and the Commonweal rue and correct. Date:
non-business complichael Lawler and Rebi 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and A hereby certify under the ignature of Traveler: eter Piro	authorizations e pains and penalties of cient funds are available.	of perjury that, to	Real Real Real Real Real Real Real Real	escribe all active all	vities offered and in ween Private Party ove information is to	and the Commonweal rue and correct. Date: 7 — 11 n Secretary granted.
non-business complichael Lawler and Rebi 2. Privately Subsidized ame of Contact Person ompany: ddress: usiness Activity: elephone Number: 3. Certifications and A mereby certify under the ignature of Traveler: eter Piro	authorizations e pains and penalties of cient funds are available.	of perjury that, to	the best of my known described travel activitie:	escribe all active all	vities offered and in ween Private Party ove information is to 3 Delegation from	and the Commonweal rue and correct. Date: 7 — 11 n Secretary granted.